

SRC LPA # _____ Date Received: _____
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Attachment 1

Form No.: 9B-72.130(4)  
August 2003  
Florida Building Commission  
**Application for Local Product Approval**

***Note: This application is only for approval by local jurisdictions for the following categories of products: panel walls, exterior doors, roofing, skylights, windows, shutters, and structural components or for products comprising a building's envelope introduced as a result of new technology.***

1. Application for Approval by Method 1/ Method 2 (circle one) for the following category of product: \_\_\_\_\_
2. Name of Applicant (Company) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
4. Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_
5. E-Mail Address \_\_\_\_\_
6. Name and Title of Applicant's Technical Representative (if any)  
\_\_\_\_\_

Address (if different from address of applicant)  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Florida Professional Registration No. (if any) \_\_\_\_\_

Florida Professional Firm Registration No. (if any) \_\_\_\_\_

7. Name of Approved Third Party Quality Assurance Entity:  
\_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Florida Professional Registration No. (if any) \_\_\_\_\_

Florida Professional Firm Registration No. (if any) \_\_\_\_\_

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8. Provide the following information on a separate sheet:
- Product Name and Model Number (if any)
  - Name, Address, Reports, and Applicable Report Numbers of:
    - ☐ Testing Entity
    - ☐ Evaluation Entity
    - ☐ Certification Entity
  - List of requirements the product complies with, including Code section numbers and reference standards
  - List of limitations on product's compliance and use.

Installation instructions for the product.

9. Other information:
- Give any other information that may be of assistance to the local jurisdiction in considering this application. (Attach a separate sheet, if needed.)

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10. Name and Title of person authorized to sign on behalf of application.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use only:
Approved by: _____
Date: _____
Notes: _____
_____
_____